MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO: 10/573504

FILING DATE:

APPLICANT(S):

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51						
2		1						52						
3		1		1				53						
4		2		1				54						
5				1				55						
6								56						
7								57						
8				1				58						
9				1				59						
10								60						
11	1		1					61						
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45								95						
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47								97						
48								98						
49								99						
50								100						
TOTAL IND.		↓	2	↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	7	←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS			9					TOTAL CLAIMS						

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